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## COVER LETTER

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	Chambae L	LC		•	144		£
IBJECT	l:	Name of Lim	ited Liability Company	<u> </u>			، نو
e enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
ase retu	ım all correspo	ondence concerning this matter	to the following:				
		Michael Jaczewski					
			Name of Person		•		
		Chambae, LLC					
			Firm/Company		-	22	
		760 Lynndale St N				AUG	V (0.2)
			Address		-	29	F C
		Saint Petersburg, FL 33702	3			P	- 15. - 15.
		toltecinv@gmail.com	City/State and Zip Code			<b>փ</b> ։ 05	ACHEROLOGICALORINA
		E-mail address: (	to be used for future annual report notific	ation)			
r further	r information c	oncerning this matter, please ca	all:				
ichael Ja	aczewski		727 403-1129 at ( )				
	Name o	f Person		Felephone Number	,		
closed i	s a check for th	ne following amount:					
3 \$25.00	) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu		
R D P	Tailing Address Legistration Solivision of Co. Box 632 allahassee, I	Section Corporations 17	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe Strallahassee, FL 3	orations Hahassee Street, Suite 8	10		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chambae, LLC					
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears o Liability Company)	n our records.)	<del></del>	
The Articles of Organization for this Limited Lia	bility Company	were filed on Augu	st 19, 2022	and assign	ied
This amendment is submitted to amend the follo-	wing:				
A. If amending name, enter the new name of	the limited liab	oility company here	:		
N/A					
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the design	gnation "LLC" or the abbre	eviation "L.L.C	* **
Enter new principal offices address, if applica	ble:	N/A			
Principal office address MUST BE A STREET	(ADDRESS)	<u> </u>		22	<u> </u>
				AUG	<u> </u>
		N/A		29	무용된 도쿄시
Enter new mailing address, if applicable:					<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<del></del>		f.	<u> 왕</u> 발
				05	5
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	~		ords, enter the name of	of the new r	egistere
			, Florida		
		City	·	Zip Code	
New Registered Agent's Signature, if changing Re	egistered Agent:				
hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company	r and complete tered agent as egistered office	performance of my provided for in Cha	y duties, and I am fan apter 605, F.S. Or, if	niliar with d this docume	and

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shawna Fikar	760 Lynndale St N, Saint Petersburg, FL 33703	≣Add
			□Remove
			🗆 Change
AMBR	Michael Jaczewski	760 Lynndale St N, Saint Petersburg, FL 33703	<b>∃</b> Add
			Remove
			Change Prision of Shirt
			29 Paternove 1141   Contracting contractin
			□Add
			□Remove
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tive date, if other than	the date of filing	1•		4	optional)		
ffective date is listed, the date	must be specific and	cannot be prior to		more than 90 days	s after filing.) Pu		
: If the date inserted in thi ment's effective date on the			ie statutory min	ng requirement	s, this date will	not be its	stea a
ord specifies a delayed effe filed.	ective date, but not	an effective tim	e, at 12:01 a.m.	on the earlier	of: (b) The 90	ith day aft	ter th
d August 25		7 2022					
M	ichel	Ja		<i>~</i>			
	Signature of a rr	nember or authori	zed representativ	e of a member			
			rea representativ	e or a memoer			